Flexible Spending Account Reimbursement Direct Deposit Authorization and Change Form

Instructions:

- 1. Please use this form to elect direct deposit for FSA or to change an existing election.
- 2. Supply all information requested below. The form will be returned to you if information is missing.
- 3. Sign the form and attach a voided check or deposit slip.
- 4. Return the form to the Human Resources department.
- 5. It may take up to 3 weeks to process your request, or longer if banking information is incorrect.
- 6. During this time, any reimbursements made will be via a paper check

Company Name:	Policy #:	Department:
Employee Name:	SSN:	:
Effective Date of Direct Deposit Enrollm	nent, Change or Cancellation:	
Type of Request (check one):		
	nge Existing Election ge bank or bank account)	Cancel Direct Deposit (Switch back to check issuance)
Bank Account Type (check one):		
Checking (A voided bank checking)	k must be attached)	Savings (A deposit slip must be attached)
Account Information:		_
Financial Institution Name:	P	Phone Number:
Financial Institution Address:		
Routing/ABA Number:	Accour	nt Number:
		number and Account number are provided. submitting this form to avoid delays.
such account. This authority is to remain	in effect until written notification	ithorize the financial institution to credit the same ion is received from me or my participation in the above, I hereby request to be switched from
Employee Signature:		Date : / /
	` _	into your checking account) ur savings account) here ****